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ADMIN DIVISION
U.S. ATTORNEY

December 21, 2015

Office of the United States Atty
P. O. Box 1491
Spokane, WA 99210-1494

RE: Application for Payment of Unclaimed Funds

Dear Eastern District Bankruptcy Court:

I have recently been made aware of funds deposited with the court, in my name, many years ago from a former employers' bankruptcy. Please find enclosed the following:

- Application for Payment of Unclaimed Funds Form
- Vendor Information/TIN Certification Form
- Copy of my current WA Drivers' License
- Copy of marriage license showing maiden name and married name
- Copy of my 1997 Income tax return, showing my maiden name, address at that time, and employer Healthlink named on last page.

These documents are to be considered support for proof of Identity as required by the court. Please contact me if there is any further support necessary for processing of this application. Thank you.

Sincerely,



Kris Sterling
1103 E. Heroy Avenue
Spokane, WA 99207
509-487-0087 home
509-489-4524 work
509-638-9272 cell

DEC22/15AM11:01 USBCEW

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF WASHINGTON**

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In re: **HEALTHLINK**) Case No. **98-065812-FLK7**) **APPLICATION FOR PAYMENT OF
UNCLAIMED FUNDS**

Debtor(s)

DEC22/15AM11:01 USBCEW

1.	Full legal name of Claimant(s)	KRIS TINA STERLING
2.	Name and Title of Authorizing Officer or Representative (If Claimant is an individual, skip to Question No. 3)	
3.	Type of Entity (corporation, LLC, partnership, individuals)	INDIVIDUAL
4.	Current Mailing Address	1103 E. HERDY AVE SPOKANE, WA 99207
5.	Telephone Number	509.487.0087
6.	SS# (last 4 digits only) or EIN #	**5582
7.	Amount Being Claimed	\$417.81

I, the undersigned, certify that I am authorized to submit this application and entitled to receive the requested funds based upon (check the applicable statement):

- ☒ Applicant is the original creditor and owner of the funds as it appears on the record of this Court;
- ☐ Applicant is the assignee of the original creditor's claim to said funds, as evidenced in the attached documentation;
- ☐ Applicant is the original creditor's successor in interest, as evidenced in the attached documentation;
- ☐ Applicant is an attorney or "Funds Locator" named in an original and notarized special/limited power of attorney, which document is attached hereto, that is valid under the laws of the State of Washington; that empowers Applicant to collect the unclaimed funds described above on behalf of the Claimant. Applicant states that the Claimant is the (check applicable statement):
- ☐ Original creditor and owner of the claim;
- ☐ Original creditor's attorney with authorization to receive said funds;
- ☐ Assignee of the original creditor's claim to said funds;
- ☐ Successor in interest of the original creditor; or
- ☐ Personal representative of the original creditor's estate.

In accordance with 28 U.S.C. § 2042, the undersigned hereby certifies that on the date designated below, a true and correct copy of the foregoing application with all attachments was mailed to: Office of the United States Attorney, PO Box 1491, Spokane, WA 99210-1494.

Applicant requests the Court enter an order directing payment of unclaimed funds described above to the Applicant, or if the Applicant is not the Claimant, to the Applicant and Claimant in accordance with the documents submitted in support of the Application.

I understand that, pursuant to 18 U.S.C. 152, I may be fined not more than \$5,000, or imprisoned not more than five years, or both, if I have knowingly and fraudulently made any false statements in this document.

SIGNATURE BLOCK FOR INDIVIDUAL

(signature block for an entity below)

Dated: 12/21/2015

Kris Tina Sterling
Signature of Individual Applicant

Signature of Individual Applicant

Printed Name(s) Kris Tina Sterling

Street Address: 1103 E. Heron Ave.

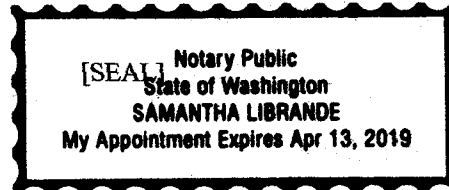
City/State/Zip: Spokane, WA 99207

Telephone (including area code): 509.487.0087

State of Washington)
County of Spokane) ss.

Before me, Samantha Librande, a notary public for said state, on this 21 day of December, 2015, personally appeared Kris Tina Sterling, known to be the identical person(s) who executed the within foregoing instrument, and acknowledge to me that he/she executed the same as his/her free and voluntary act and deed for the uses and purposes therein set forth.

Samantha Librande
Notary Public



My commission expires: April 13, 2019

SIGNATURE BLOCK FOR AN ENTITY

(signature block for individual above)

Dated: _____

Name of Applicant (entity)

By: _____

Printed Name and Title: _____

Street Address: _____

City/State/Zip: _____

Telephone (including area code): _____

State of _____)
County of _____) ss.

Before me, _____, a notary public for said state, on this _____ day of _____, 20____, personally appeared _____ as _____ [capacity, e.g. President, Treasurer] who executed the within foregoing instrument on behalf of _____ [name of entity], and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed on behalf of said _____ [type of entity, e.g. corporation, limited liability company, partnership] for the uses and purposes therein set forth.

Notary Public

[SEAL]

My commission expires: _____